

Reset Form

## DISCLOSURE SUMMARY PAGE

FORM

DR-2

(Rev. 12/2005)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-3701

COMMITTEE NAME (Must be same as on Statement of Organization)

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.

Ankeny Area Democrats

10/17/08

2008 OCT 20 AM 10:20

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other  
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political  
Subdivision PAC (11) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Barbara A. Sorrie

515-964-0292

10-17-08

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 7-15-08 Thru 10-14-08

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

2404.90

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

5989.72

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

8394.62

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

7153.52

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$

1241.10

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

## CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

## CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Area Democrats

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-15-08	ID# CK#	Chan Teed - EFT 2301 S.W. ORALABOR RD #97 Ankeny, IA 50023		\$ 25.00	<input type="checkbox"/>
7-19-08	ID# CK#	Auction Proceeds Received		125.00	<input checked="" type="checkbox"/>
7-22-08	ID# CK#	CITIZENS FOR JOHNSON P.O. BOX 619 Ankeny, IA 50023 (Funds Returned See Sch B CK # 1002)		4000-	<input type="checkbox"/>
8-1-08	ID# CK#	Veridian C.U. 410 NORTH ANKENY BLVD. ANKENY IA 50023		.73¢	<input type="checkbox"/>
8-2-08	ID# CK#	Proceeds From garage sale (Aug 1 & Aug 2)		599.00	<input checked="" type="checkbox"/>
8-2-08	ID# CK#	Rob Tucken 3111 S.W. 24th Ankeny, IA 50023		1,000.00	<input type="checkbox"/>
8-15-08	ID# CK#	CHAR TEED - EFT 2301 S.W. ORALABOR RD #97 ANKENY, IA 50023		25.00	<input type="checkbox"/>
8-20-08	ID# CK#	Meeting Donations		90.00	<input type="checkbox"/>
9-1-08	ID# CK#	Veridian Interest .01¢ 410 N. ANKENY BLVD .73¢ Ankeny, IA 50023		.74	<input type="checkbox"/>
9-15-08	ID# CK#	CHAR TEED - EFT 2301 S.W. ORALABOR RD #97 ANKENY, IA 50023		\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$5898.47	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

## Reset Form

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

# Ankeny Area Democrats

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9-16-08	ID#  CK#	Pass the hat at meeting		\$ 91. <sup>00</sup>	<input type="checkbox"/>
10-1-08	ID#  CK#	Venidian C.U. INTEREST 410 N. ANKENY BLVD ANKENY, IA 50023		.25¢	<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
	ID#  CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 91.25	
<b>TOTAL (if last page of this schedule)</b>				\$ 5939.72	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Ankeny Area Democrats

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-25-09	ID# CK# 1082	CITIZENS FOR JOHNSON P.O. BOX 619 Ankeny, IA 50023	Return-non acceptable donation of 7-23-08	\$ 4000 —
7-24-09	ID# CK#	Ankeny Parks & Rec 210 S. Ankeny Blvd Ankeny, IA 50023	Damage deposit check #1074 returned to us - void Reported on Sch. B of 5-14-09 Disclosure Reports.	(#100 -)
8-6-08	ID# CK# 1083	Ankeny Parks & Rec 210 S. Ankeny Blvd Ankeny, IA 50023	Rental Fee HAWKEYE PARK Summer Fest-2009	20 <sup>00</sup>
8-20-09	ID# CK# 1086	Matt Praltzgnaf for State Rep 713 NE Brook Haven Ankeny, IA 50021	Campaign donation	1,500 <sup>00</sup>
8-20-09	ID# CK# 1085	John Scarpino for Super- visor Committee 2721 N.E. Briarwood CT Ankeny, IA 50021	Campaign donation	1,500 <sup>00</sup>
8-20-08	ID# CK# 4002	Matt Praltzgnaf for State Rep 713 N.E. Brook Haven Ankeny, IA 50021	Campaign donation	75 <sup>52</sup>
9-25-08	ID# CK# 1087	Cure 4 Lupus. Org 7711 AIRLINE AVE Urbandale, IA 50322	Web maintenance fee	120 <sup>00</sup>
9-20-08	ID# CK# 1088	Postmaster Ankeny IA 50021	Annual Box Rental	38 <sup>00</sup>
SUB-TOTAL				\$ 7153 <sup>52</sup>
TOTAL (if last page of this schedule)				\$ 7153 <sup>52</sup>

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)